

Congratulations on receiving orders to an overseas, remote location, or ***operational duty station (*this screening only applies to Active Duty personnel. If you have received orders to a ship homeported overseas, you only need to complete the overseas screening).** It is our desire to reduce the overall time necessary to complete the medical suitability screening. **Please read the following completely prior to beginning the process.** If chronic medical or dental conditions and concerns are identified during the screening process, the receiving medical department will be contacted to ensure they are capable of caring for the active duty member or family member. Their decision will determine whether the screening is found suitable. This communication process with the receiving command should take no more than 2 weeks if necessary.

Instructions for Completing the Required Forms

➤ NAVPERS 1300/16 (for the Active Duty member OSS only)

- Complete the Identification information at the top of each page, including present and future command information as appropriate.

➤ BUMED 1300/1 (required for each individual)

- Complete the Identification information at the top of page 1 (for Active Duty member, skip block for "**Family Member Name**").
- Place only the **Sponsor's** Social Security number in the first block.
- **Ignore the second SSN block** (not required).

The **Family member Prefix** is to be completed as follows:

- 20 for active duty
- 30 for first spouse (31,32,33 etc for subsequent spouses)
- 01 for the oldest child (02,03,04,05, etc for additional children in order of age for oldest to youngest.)

➤ SF 93 (Report of Medical History) required for each individual

- Blocks 1, 4a-d: Individual's name and home address
- Block 2: **Sponsor's SSN**. Again use only the active duty member's SSN preceded by the Family member prefix (**i.e. 20/123-45-6789 or 01/123-45-6789**).
- Block 3: Rate/Grade (family members, put "**civilian**")
- Block 5: **Leave blank**
- Block 6: Choose either **Sea Duty, Overseas, or Isolated Duty Screening**
- Block 7a: Choose either **Good, Poor, or Excellent** for present health
- Block 7b: List current medications (including birth control pills), if none write "**None**"
- Block 7c: List allergies (if none, write "**NKA**")
- Blocks 7d-e: For medical to complete
- Blocks 8, 9: Your job description and whether you're right or left handed
- Block 10: Check each items
- Block 11: **For female ONLY**
- Blocks 12-22: Check each items. If "yes" explain in blank space to right. List brief explanation by item number.
- Block 23: For medical to complete
- Block 24a-c: Print your name, sign and date.

○ Parents may sign for children under 14.

Any questions during this process can be directed to HM2 Troha at 257-9830 /9561 (leave a message and you will be contacted within 24hrs or sooner.) or email her at smtroha@nhoh.med.navy.mil.

_____ Go to **immunizations** (Active duty may require several visits, so plan ahead. Family members should ask immunizations to update their immunizations based on location of transfer.)

_____ Go to the **Lab** for **HIV** (Required for **Active Duty Only**. Should be done and documented within 1 year of your Report No Later than Date.)

_____ Go to the **Lab** for **DNA** (Only if this is highlighted)

_____ Go to the **Lab** for **Pregnancy test** (Required within 30 days of transfer for **Active Duty Females**. Test results are usually ready within 1 hour and can be printed out by your team nurse)

_____ Make a **Pap** Appointment (Should be done annually and result documented in medical record)

_____ Make an appointment for a **5yr Periodic Physical** (Required for Active Duty only every 5 years)

_____ Go to **dental** and make an appointment for an OSS exam. Family members are allowed to have this screening done at the Military Treatment Facility. Dental will inform family members on what to bring to this exam (i.e. civilian dental x-rays, etc.) Make sure you bring the completed forms **BUPERS 1300/1** part II [and **Sea Duty Memorandum (if applicable)**] for the dental officer to sign-off.

_____ Use the white Tri-Care phones located throughout the hospital or dial 1-800-404-4506 to **make an appointment for yourself/family with your team doctor for part 2 of your screening (if asked be sure and state you have completed your prescreening brief)**. Make sure you bring the **completed forms** (BUMED 1300/1 and SF93 on each individual) for the physician to sign. The **SF 93 MUST BE FILLED OUT** prior to this appointment. If this form is not completed the physician **will CANCEL** the appointment. Family members should bring copies of civilian records for the medical officer's review. Active duty personnel are reminded that failure to disclose any medical information may be in violation of the UCMJ and will be referred to their commanding officer.

_____ Take the **NAVPERS 1300/16 Form** (for Overseas Screening only) to the **Family Advocacy office** for signature (**question 6 on the form**). This office is located in the Family Service Center (FSS) building at the top of the hill behind the POW Memorial on the Sea Plane Base. Next take the **NAVPERS 1300/16 Form** to your Division Officer (or assigned command representative) for completion of the command interview.

_____ **After the dental and medical appointments are completed;** make an appointment through **TRAC** with HM2 Troha, for final medical signature of approval/disapproval. If you are pressed for time, you may leave the completed forms with the Blue Team's nurse or clerk located in Room 734. The NAVPERS 1300/16 will be signed and you will be notified when ready for pick up. This form will then need to be signed by the member's Commanding Officer and forwarded to the command personnel liaison representative.